


**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST
IN A CONTRACT TO PROVIDE SOCIAL SERVICES
PURSUANT TO 930 CMR 6.07**

STATE EMPLOYEE INFORMATION	
Name of state employee:	Robin Elizabeth Cody
Title/ Position:	Compliance Officer III
Agency/Department:	Department of Public Health Bureau of Health Professions Licensure Board of Registration in Nursing
Agency Address:	250 Washington St. 3 rd Floor Boston, MA 02108-4619
Office phone:	781-400-3752
Office e-mail	Robin.e.cody@mass.gov
	<p>I am a state employee, and I seek to have a financial interest in a contract or agreement made by a state agency listed below, or by a provider or organization funded by a state agency listed below:</p> <p>A state agency within the following Executive Offices:</p> <ul style="list-style-type: none"> ▪ Executive Office of Health and Human Services, Including the Human Service Transportation Office; Executive Office of Public Safety and Security, Executive Office of Elder Affairs, Executive Office of Veteran's Services, or <p>A sheriff's office.</p> <p>The purpose of the contract is:</p> <ul style="list-style-type: none"> - To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or - To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies. <p>I seek approval of the arrangement from the agency for which I serve as a state employee and from the state agency above that made the contract.</p>
FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGENCY	
PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION.	
1) Service to a state agency	<p><input checked="" type="checkbox"/> I will provide personal or educational services to a state agency listed above.</p> <p>Please identify the state agency and also the Executive Office it is in, if applicable.</p>

	<p>Sexual Assault Nurse Examiner (SANE) Program 250 Washington St. 4th Floor Boston, MA 02108</p> <p>Massachusetts Department of Public Health Executive Office of Health and Human Services</p>
2) Service to a provider or organization	<p><input type="checkbox"/> I will provide personal or educational services to a provider or organization funded by a state agency listed above.</p> <p>Please provide the name and address of the provider or organization.</p> <p>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.</p>
3) Service to a person or persons	<p><input type="checkbox"/> I will provide personal services directly to a person or persons who receive services from, or have services paid for by, a state agency listed above.</p> <p>Please identify the state agency that provides services to, or pays for services for, the person or persons, and also the Executive Office it is in, if applicable.</p>
Please describe the services you will provide.	<p>Please provide information about the type of personal or educational services you will provide. Please do not include the name of any individual who receives services.</p> <p>-Provide forensic nursing care to victims of sexual assault including: forensic physical examination/evidence collection, medication management, crisis intervention, documentation of assault history and physical findings, discharge planning, and referrals.</p> <p>-Work collaboratively with law enforcement; provide testimony in criminal cases</p>
What will you be paid, or what other financial interest will you have?	<p>Please include a dollar amount, if possible.</p> <p>On-call contractor pay for SANE nurse on-call coverage during off-duty hours (weekday evenings, weekends, and/or holidays). Contractor response pay for SANE hospital visits during off-duty hours (weekday evenings, weekends, and/or holidays). (Monthly minimum requirement 24 hours/month)</p> <p>Contractor training pay for required regional meetings and annual update training (off-duty hours).</p>
Employee signature	/s/ Robin E. Cody
Date:	4/23/25
	APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE
Name and title of appointing authority	Timothy St. Laurent, Deputy Director, Bureau of Health Professions Licensure
Office phone	617 721 2431
Office e-mail	Timothy.st.laurent@mass.gov
Signature by appointing authority	By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee.

	
Date:	5.23.2025
	APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)
Name and title of person giving approval at the state agency that made the contract	
Office phone	
Office e-mail	
Signature by person giving approval	By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee.
Date:	

Attach additional pages if necessary.

File with:

State Ethics Commission
One Ashburton Place, Room 619
Boston, MA 02108